





TODDLER DAILY NEWS



Child's Name: _____

Teachers: _____ Date: _____




<p>I was feeling . . .</p> <p><input type="checkbox"/> happy <input type="checkbox"/> sleepy <input type="checkbox"/> helpful</p> <p><input type="checkbox"/> quiet <input type="checkbox"/> clingy <input type="checkbox"/> busy</p> <p><input type="checkbox"/> talkative <input type="checkbox"/> friendly</p>	<p>I enjoyed . . .</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Check</p> 
<p>Meal time</p>  <p>During breakfast, <input type="checkbox"/> I ate everything <input type="checkbox"/> I ate some <input type="checkbox"/> I wasn't hungry</p> <p>During lunch, <input type="checkbox"/> I ate everything <input type="checkbox"/> I ate some <input type="checkbox"/> I wasn't hungry</p> <p>During snack, <input type="checkbox"/> I ate everything <input type="checkbox"/> I ate some <input type="checkbox"/> I wasn't hungry</p>	<p>Diaper changes/Toileting</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p>	
<p>I took a nap from . . .</p> <p>_____ - _____</p> 	<p>Other notes:</p> 	

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